

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N05091

1. Entity Name

THE CHURCH OF THE LORD JESUS CHRIST OF THE
APOSTOLIC FAITH OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% JAMES TAYLOR
5722 N MIAMI AVENUE
MIAMI FL 33127

% JAMES TAYLOR
5722 N MIAMI AVENUE
MIAMI FL 33127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450377

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, JAMES
5722 N. MIAMI AVENUE
MIAMI FL 33127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	5722 N MIAMI AVENUE	
CITY- ST- ZIP	MIAMI FL	

TITLE	SD	☐ Delete
NAME	MYRIE, DAHLIA	
STREET ADDRESS	5722 N MIAMI AVE	
CITY- ST- ZIP	MIAMI FL 33127	

TITLE	TD	☐ Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	5722 N MIAMI AVE	
CITY- ST- ZIP	MIAMI FL 33127	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dahlia Myrie Dahlia Myrie* *3/6/07* *(305)693-0611*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number